

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Polymer Technology Systems, Inc.

Plaintiff

v.

Roche Diagnostics Corporation, et al

Defendant

Civil Action No. 1:10-cv-00061 LJM-TAB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Roche Diagnostics GMBH
c/o Highest Officer Found
Roche Operations Ltd.
c/o Woodard, Emhardt, Moriarty, McNett & Hen
111 Monument Circle
Indianapolis, IN 46204

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

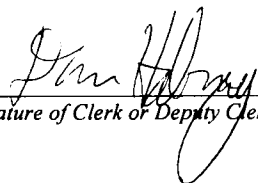
David J. Hensel
Taft Stettinius & Hollister LLP
One Indiana Square, Suite 3500
Indianapolis, IN 46204

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JAN 22 2010

Date: _____


CLERK OF COURT CLERK



Signature of Clerk or Deputy Clerk

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Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Roche Diagnostics GMBH c/o Highest Officer Found, Roche Operations Ltd.
 was received by me on *(date)* January 22, 2010.

- ☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or
- ☐ I returned the summons unexecuted because _____; or
- ☒ Other *(specify)*: I served a copy of the summons and complaint on the individual via certified mail.
 A copy of the Domestic Return Receipt is attached hereto and shows service was
 made on January 26, 2010.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2-11-10



 Server's signature

David J. Hensel, Attorney

 Printed name and title

Taft Stettinius & Hollister LLP
 One Indiana Square, Suite 3500
 Indianapolis, IN 46204

 Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Roche Diagnostics GMBH c/o Highest Officer Found Roche Operations, Ltd. c/o Woodard, Emhardt, Moriarty McNett Hen 111 Monument Circle Indianapolis, IN 46204</p>		<p>B. Received by (Printed Name) Terry L. Wood</p> <p>C. Date of Delivery JAN 26 2010</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7009 2820 0003 8410 3519</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	